

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____

Middle Name: _____ Suffix: _____

Name Data Quality:*

- ☐ Full Name Reported
- ☐ Partial, Street Name or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Social Security Number:*

- ☐ _____
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Birthdate:*

- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race:* *(Select All That Apply)*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Gender:*

- ☐ Male
- ☐ Female
- ☐ Trans Male (FTM or Female to Male)
- ☐ Trans Female (MTF or Male to Female)
- ☐ Gender Non-Conforming (not exclusively male or female)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Female, Pregnancy Status:*

- ☐ Yes
 - ☐ Due Date: _____
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Veteran Status:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Relationship to Head of Household:*

- ☐ Self
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member
- ☐ Other: non-relation member

Contact Information:

Address: _____ City/State/Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Message Phone: _____

Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member enrolled.

Project Start Date:* _____

Case Manager:* _____

Project:

- ☐ PATH Street Outreach (***persons who generally reside in a place not meant for human habitation***)
- ☐ PATH Supportive Services Only (SSO) (***persons who generally reside in a place meant for human habitation or who are at risk of homelessness***)

Project Start Date:* _____ (Date of 1st Contact)

Date of Engagement: _____ (Interactive client relationship; results in deliberate assessment)

Date PATH Status Determined: _____

Client Became Enrolled in PATH: ☐ Yes

☐ No (Client formally consents to participate in PATH program services)

Reason Not Enrolled in PATH:

☐ Client was found ineligible for PATH

☐ Client not enrolled for other reason(s)

☐ Unable to locate client

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Disabling Condition:*

- ☐ Yes
- ☐ Client Refused
- ☐ No
- ☐ Data Not Collected
- ☐ Client Doesn't Know

Prior Living Situation for **PATH Street Outreach Project Participants**:* (if client is SSO, please go to page 4)

HOMELESS SITUATIONS

- ☐ Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- ☐ Safe Haven

INSTITUTIONAL SITUATIONS

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention center
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

TEMPORARY AND PERMANENT HOUSING SITUATIONS

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (Including homeless youth)

- ☐ Host Home (non-crisis)
 - ☐ Staying or living in a friend's room, apartment or house
 - ☐ Staying or living in a family member's room, apartment or house
 - ☐ Rental by client, with GPD TIP housing subsidy
 - ☐ Rental by client, with VASH housing subsidy
 - ☐ Permanent housing (other than RRH) for formerly homeless persons
 - ☐ Rental by client, with RRH or equivalent subsidy
 - ☐ Rental by client, with HCV voucher (tenant or project based)
 - ☐ Rental by client in a public housing unit
 - ☐ Rental by client, with no ongoing housing subsidy
 - ☐ Rental by client, with other ongoing housing subsidy
 - ☐ Owned by client, with ongoing housing subsidy
 - ☐ Owned by client, no ongoing housing subsidy
- OTHER**
- ☐ Client Doesn't Know
 - ☐ Client Refused
 - ☐ Data Not Collected

Length of stay in the prior living situation:*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Approximate date homelessness started:*

Regardless of where they stayed last night – number of times the client has been on the streets, in ES, or SH in the past three years including today:*

- ☐ One Time
- ☐ Two Times
- ☐ Three Times
- ☐ Four Times
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Total number of months homeless on the street, in ES, or SH in the past three years:*

- ☐ One month (this time is the first month)
 - ☐ 2-12 months
 - ☐ More than 12 months
 - ☐ Client Doesn't Know
 - ☐ Client Refused
 - ☐ Data Not Collected
- ☐ Number of months (2-12):* _____

If the client's prior living situation is an INSTITUTIONAL SITUATION, answer the following questions:

INSTITUTIONAL SITUATIONS

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention center
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

Did you stay less than 90 days:*

☐ Yes

☐ No

If Yes, then length of stay in the prior living situation:*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If No, then length of stay in the prior living situation:*

- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:*

- ☐ Yes, approximate date homelessness started: _____
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If the client's prior living situation is a TEMPORARY OR PERMANENT HOUSING SITUATION, answer the following questions:

TEMPORARY AND PERMANENT HOUSING SITUATIONS

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (Including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, with no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

OTHER

- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Did you stay less than 7 nights?:*

☐ Yes

☐ No

If Yes, then length of stay in the prior living situation:*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If No, then length of stay in the prior living situation:*

- ☐ One week or more, but less than one month
- ☐ One month or longer, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:*

- ☐ Yes, approximate date homelessness started: _____
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Covered by Health Insurance:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

Type of Insurance:*

- ☐ Medicaid ☐ Private Pay Health Insurance
- ☐ Medicare ☐ State Health Insurance for Adults (HIP or HIP 2.0)
- ☐ State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) ☐ Indian Health Service (Native American)
- ☐ Veteran's Administration (VA) Medical Services ☐ Other Public
- ☐ Health Insurance Obtained through COBRA ☐ Other _____

Status:*

- ☐ Active ☐ No
- ☐ Start Date: _____
- ☐ End Date: _____
- ☐ Applied; decision pending ☐ Client Doesn't Know
- ☐ Applied; client not eligible ☐ Client Refused
- ☐ Client did not apply ☐ Data Not Collected
- ☐ Insurance type N/A for this client

SOAR Connection Assessment:*

Assessment Date: _____

Connection with SOAR:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

HMIS Barriers Assessment:*

Alcohol Abuse

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Developmental Disability

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Drug Abuse

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

HIV/AIDS

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

HIV/AIDS Continued

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Mental Health

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Physical Disability

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Chronic Health Condition

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Currently Fleeing:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If yes, when experience occurred:*

- | |
|--|
| <input type="checkbox"/> Within the past three months |
| <input type="checkbox"/> Three to six months ago (excluding 6 months exactly) |
| <input type="checkbox"/> Six months to one year ago (excluding 1 year exactly) |
| <input type="checkbox"/> One year ago or more |
| <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected |

Financial Assessment:* Cash Income: * ☐ Yes ☐ No

- ☐ Earned Income \$ _____
- ☐ Unemployment Insurance \$ _____
- ☐ Supplemental Security Income \$ _____
- ☐ Social Security Disability Income \$ _____
- ☐ VA Service-Connected Disability \$ _____
- ☐ VA NonService-Connected Disability \$ _____
- ☐ Private Disability Insurance \$ _____
- ☐ Worker's Compensation \$ _____
- ☐ TANF \$ _____
- ☐ General Assistance (GA) \$ _____
- ☐ Retirement (Social Security) \$ _____
- ☐ Pension/Retirement Former Job \$ _____
- ☐ Child Support \$ _____
- ☐ Alimony/Spousal Support \$ _____
- ☐ Other Income \$ _____

Non Cash Benefits:* ☐ Yes ☐ No

- ☐ Supplemental Nutrition Assistance Program (SNAP) \$ _____
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Source

Adult Education Assessment:*

Last Grade Completed:*

- | | |
|--|---|
| <input type="checkbox"/> Less than grade 5 | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Grade 12/High School Diploma | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> GED | <input type="checkbox"/> Client Refused |
| | <input type="checkbox"/> Data Not Collected |

School Status:

- | | |
|---|--|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Dropped out | <input type="checkbox"/> Data Not Collected |

Current Living Situation Assessment:*

Living Situation:*

HOMELESS SITUATIONS

- ☐ Place not meant for habitation
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- ☐ Safe Haven

OTHER

- ☐ Other
- ☐ Worker unable to determine

Location detail: _____

Contact:*

Date of Contact: * _____

Contact with: _____

Enrollment: * _____

Staying on streets, ES or Safe Haven:*

- ☐ No
- ☐ Yes
- ☐ Worker unable to determine

Self-Sufficiency Matrix and AMI Assessments also available.

Other helpful resources at www.IndianaBOS.org.